



Older People Living Alone

Demographic Profile

Older people living alone (OLA) are a large and growing segment of the elderly population. The 1990 Census showed that OLA who are 65 years of age or older numbered 9.2 million or 31 percent of the age 65 and older population. This number is expected to rise to 15.2 million by 2020. OLA ages 85 years and older—the most vulnerable segment of the population—will more than double over the thirty-year period.

More than three quarters of OLA are women and are more than twice as likely to live alone as are older men. OLA are more likely to be poor than are older persons who live with others. The 1990 Census indicated that 40 percent of OLA have incomes that place them at 125 percent or less of the poverty line, almost twice the percent of older persons living with others. Older women and minorities living alone tend to be poor in disproportionate numbers. Thus, older persons who live alone, specifically women, are at greater risk of institutionalization and of becoming Medicaid-dependent.

The Administration on Aging (AoA) is the nation's focal point and advocacy agency for older people. AoA funds support programs and services that help protect the rights of vulnerable and at-risk older persons and is implementing an initiative focusing specifically on the needs of older persons living alone—a population that tends to have a significant need for supportive and preventive services.

OLA Need for Supportive Services

The OLA population is not only large and growing, but also has particular needs for home- and community-based services. Research shows that:

- OLA are more prone to inadequate diets and poor nutritional status;
- OLA are less likely to have family caregiver supports and more likely to rely on formal paid services for assistance in the home;
- OLA are more socially isolated and at a greater risk of depression and mental health problems than the older population as a whole; and
- Large numbers of OLA are functionally disabled.

Most important, research has found that OLA are more at risk for nursing home admission than the rest of the older population. As a result, they are more likely to be separated from their preferred and familiar home environment. They also are less likely to have the means, by virtue of their relatively poor economic status, to be able to afford the large out-of-pocket expenses that institutionalization requires. Thus, OLA are more likely to face the “spend down” process that leads to financial impoverishment. From a taxpayer standpoint, this greater risk of institutionalization means increased federal and state expenditures for nursing home costs, particularly in the Medicaid program.

Current Efforts

The Older Americans Act (OAA) is administered by the Administration on Aging. The OAA was first created in 1965 to ensure equal opportunity for, and preservation of the rights of, our nation's older citizens; to ensure that the inherent dignity of older people is upheld; and that federal, state, and tribal governments work jointly to ensure protection of these rights. On November 13, 2000 the OAA was signed into law.

The OAA requires that state and area agencies on aging target resources to those older persons in the greatest economic and social need. Most OLA qualify for supportive and nutrition services, which could include: case management; transportation; congregate meals; legal assistance; adult day care; home modification; home health, homemaker services; personal assistance; and home-delivered meals.



AoA's State Performance Reports show that roughly 50 percent of those receiving services under Title III B (Supportive Services and Senior Centers) and Title III C (Nutrition Services) are OLA, indicating that the aging network is progressing rapidly in successfully reaching this specific, targeted population.

Many of the same services available under Title III also are available under Medicaid for those older persons who are financially and functionally eligible, particularly under the Home and Community Based Services (HCBS) Waiver Program. More than two thirds of the state units on aging administer HCBS waiver programs for the aged and disabled, and area agencies on aging are frequently involved in carrying out these programs as well.

In addition to administering the OAA, the AoA manages a demonstration program designed to expand the availability of diagnostic and support services for persons with Alzheimer's disease. Under this program the D.C. Office on Aging runs a project serving OLA with dementia in order to learn more about their special needs and characteristics by assisting them to remain independent in the home. The project has developed a video and manual entitled, "Alone But Not Forgotten" for homecare providers interested in serving older people with dementia who live alone. For more information about this project or to obtain the video and/or manual, contact the D.C. Office on Aging at (202) 724-5622.

Future Initiatives

While much has been done, there is room for progress. As the number of OLA continues to increase, those concerned with service provision to older Americans need to strengthen their outreach to this population, particularly to those OLA in rural and other isolated areas and to those living in urban residential settings such as: naturally occurring retirement communities, assisted-living facilities, federally assisted housing projects, and single-occupancy housing.

The needs of the burgeoning numbers of OLA will require expanded home and community services to enable the majority of these older Americans to live independently. These include Title III services, such as transportation, congregate meals, and a variety of in-home services, such as home-delivered meals, homemaker services, and personal assistance. While the future is aging, the AoA believes that the future can be secured for those who are apt to be at risk – older persons living alone.

Working in close partnership with its sister agencies in the U.S. Department of Health and Human Services, the AoA is the official Federal agency dedicated to policy development, planning and the delivery of supportive home and community-based services to older persons and their caregivers. The AoA works through the national aging network of 57 State Units on Aging, 655 Area Agencies on Aging, 225 Tribal and Native organizations representing 300 American Indian and Alaska Native Tribal organizations, and two organizations serving Native Hawaiians, plus thousands of service providers, adult care centers, caregivers, and volunteers. For more information about the AoA, please contact:

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